PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Unite, U.S. DEFANTMENT OF COMMERCE

## **POWER OF ATTORNEY** and CORRESPONDENCE ADDRESS INDICATION FORM

ussen	
sen turn Blocking	
turn Blocking	

ereby revoke all previous powers of attorney given in the above-identified application.  Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Name  Name  Registration Number  August attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and rademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Address  1493 Chain Bridge Road, Suite 300  City  McLean  State  VA  Zip  Zip  Zi101  Telephone  703-442-4800  Fax  Tog-448-7397  Tam the:  Applicant/Inventor.  Signature  Applicant/Inventor.  Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is necured, see below.			rney Docket it					
Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Name  Registration Number  22,693  Mera P. Narasimhan  Matthew J. Laskoski  s my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and rademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Address  1493 Chain Bridge Road, Suite 300  City  McLean  Country  US  Telephone  703-442-4800  Fax  703-448-7397  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SS/96)  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SS/96)  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SS/96)  Signature  Matter Applicant/Inventor.  Signature Telephone Total Addenoral State Page of Record  Title and Company  CEO Bang & Olufsen Medicoru a/s. c/o Bang & Olufsen Holding A/S  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.	horoby revoke all previo	us powers of attorney given in	the above-i	dentif	fied application	on.		
Practitioner(s) named below:    Practitioner(s) named below:   Name	hereby appoint.							
Practitioner(s) named below:    Name								
Name	Practitioners associated	with the Customer Number:						
Name  Registration Number  James C. Wray  Meera P. Narasimhan  Matthew J. Laskoski  Sinylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and rademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Address  1493 Chain Bridge Road, Suite 300  City  McLean  Country  US  Telephone  703-442-4800  Fax  703-448-7397  Tam the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Signature  Page 123-01-2005  Page 123-01-2005  Title and Company  CED - Bang & Olufsen Medicom a/s. do Bang & Olufsen Holding A/S  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is recuired, see below.	OR							
Name  Registration Number  James C. Wray  Meera P. Narasimhan  Matthew J. Laskoski  Sinylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and rademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Address  1493 Chain Bridge Road, Suite 300  City  McLean  Country  US  Telephone  703-442-4800  Fax  703-448-7397  Tam the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Signature  Page 123-01-2005  Page 123-01-2005  Title and Company  CED - Bang & Olufsen Medicom a/s. do Bang & Olufsen Holding A/S  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is recuired, see below.	Practitioner(s) named be	low:						
Meera P. Narasimhan  Matthew J. Laskoski  s my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Palent and rademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Address  1493 Chain Bridge Road, Suite 300  City  McLean  Country  US  Telephone  703-442-4800  Fax  703-448-7397  Iam the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96)  Signature  Signature  Applicant or Assignee of Record  Title and Company  CEO - Bang & Olufsen Medicom afs. Jo Bang & Olufsen Holding NS  NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is recuired. See below.	Registration Number							
Metrew J. Laskoski  S my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and rademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Address  1493 Chain Bridge Road, Suite 300  City  McLean  Country  US  Telephone  703-442-4800  Fax  703-448-7397  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Date  23 - Ot - 2 - C - Bang & Olufsen Medicom a/s. c/o Bang & Olufsen Holding A/S  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is recuired. See below.		_	22,693					
Matthew J. Laskoski  s my/our attomey(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and rademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  Firm or Individual Name James C. Wray  Address 1493 Chain Bridge Road, Suite 300  City McLean State VA Zip 22101  Country US  Country US  Telephone 703-442-4800 Fax 703-448-7397  Talephone 703-442-4800 Fax 703-448-7397  Tale The:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature Date 25 - 01 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	James C. Wray				40,2	52		
s my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and rademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Address  1493 Chain Bridge Road, Suite 300  City  McLean  Country  US  Telephone  703-442-4800  Fax  To3-448-7397  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Name  MENRIC M AGENOW  Telephone  Title and Company  CEO- Bang & Olufsen Medicom a/s, c/o Bang & Olufsen Holding A/S  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required.	Newsimhan							
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  1493 Chain Bridge Road, Suite 300  City  McLean  Country  US  Telephone  703-442-4800  Fax  703-448-7397  Lam the:  Applicant/Inventor.  ✓ Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Signature  Date  23 · O1 - 2 · C · b  Nome  VENRIX KAGENOW  Telephone  703-442-4800  Telephone  Signature  Date  23 · O1 - 2 · C · b  Telephone  703-442-4800  Telephone  Nome  CEO - Bang & Olufsen Medicom a/s. c/o Bang & Olufsen Holding A/S  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.	Matthew J. Laskoski							
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  1493 Chain Bridge Road, Suite 300  City  McLean  City  Telephone  703-442-4800  Fax  To3-448-7397  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Signature  Date  23 · Ot - 200 b  Telephone  Telephone  To3-442-4800  Telephone  OBate  Telephone  Telephone  OBate  Telephone  To3-442-4800  Telephone  OBate  Telephone  To3-442-4800  Telephone  Name  CEO - Bang & Olufsen Medicom a/s. c/o Bang & Olufsen Holding A/S  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.		the application identif	fied above, and	to tran	nsact all busines	ss in the Uni	ited States Patent and	
The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Address  1493 Chain Bridge Road, Suite 300  City  McLean  Country  US  Telephone  703-442-4800  Fax  703-448-7397  Telephone  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Signature  Name  MENRY MAGENOW  Telephone  703-442-4800  Telephone  703-442-4800  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.	s my/our attorney(s) or agent	(s) to prosecute the application leaves						
Country  Country  Telephone  703-442-4800  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Signature  Name  423-01-2006  Name  Name  428-7397  Telephone  Date  23-01-2006  Telephone  703-442-4800  NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR  The address associon  OR  Firm or Individual Name	ated with Customer Number:  James C. Wray	00				Zip   22101	
Telephone 703-442-4800 Fax 703-448-7397  Telephone 703-442-4800 Fax 703-448-7397  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature Date 23 - 01 - 200 6  Name 16 - 16 - 16 - 16 - 16 - 16 - 16 - 16	City	McLean	St	ate V	/A			
Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Signature  Name  ### VRIK ####################################		US	Fax 703-448-7397					
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Date  23 - 01 - 200 b  Telephone  Telephone  703-442-4800  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Telephone	703-442-4800						
Name  VEV NV VAGENOW  Title and Company  CEO - Bang & Olufsen Medicom a/s, c/o Bang & Olufsen Holding A/S  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Applicant/Inventor.	SIGNATURE OF AP		ignee (	of Record	Date	23-01-2006	
Name  ## Nam	Signatura Me La Magensa						703-442-4800	
Title and Company CEO - Bang & Olufsen Medicom a/s, B/O Bang & Glassess  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Name 4	ENRIK KAGENOW	9 Olufaca	Holdin	ng A/S			
signature is required. See better	Title and Company CEC	- Bang & Olufsen Medicom a/s, c/o E	sang & Olutsen	- notuiti	ative(s) are requir	ed. Submit m	ultiple forms if more than one	
signature is required. See better	NOTE: Signatures of all the inv	entors or assignees of record of the entire i	interest or their re	present	attac(2) are reduit			
	signature is required, see below							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by this collection of mioritration is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete including arthering archering and archering archi the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.